

## EXHIBIT E

IN THE UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT  
NORTHERN DIVISION

UNITED STATES OF AMERICA

PLAINTIFF

V.

CAUSE NO. 3:16-CV-622-CWR-FKB

STATE OF MISSISSIPPI

DEFENDANT

\*\*\*\*\*

DEPOSITION OF DR. JAMES LAMOUSIN

\*\*\*\*\*

Taken at Phelps Dunbar  
4270 I-55 North,  
Jackson, Mississippi,  
on Tuesday, November 27, 2018,  
beginning at approximately 8:56 a.m.

(Appearances Noted Herein)

Reported By:

Kelly M. Powell, CCR, #1692

1     what I'm doing at the hospital. At Pine Belt I  
2     worked to keep them out of the hospital, and at  
3     the hospital, I work to get them stable enough to  
4     where they don't have to come back.

5           Q.     What did you do to keep individuals out  
6     of the state hospital?

7           A.     Medication, individual therapy with the  
8     therapists. A lot of times I would go in when  
9     they're doing individual therapy and talk with  
10    them about some information. If they have a  
11    therapist already, I -- if they have a therapist  
12    already, I will go in there and together we would  
13    talk with the patient. The therapists are always  
14    welcome to come in my office and say, I'm having  
15    this problem with this patient. I look to see if  
16    a medication might be the answer or if there is a  
17    psychosocial answer to it or if there is some type  
18    of support services that could be provided.

19          Q.     What sort of support services would help  
20    an individual stay out of the state hospital?

21                  MR. GILMORE: Object.

22          Q.     (By Mr. Schutzer) You can answer.

23          A.     It depends on the situation. For  
24    example, you may be able to have a -- not social  
25    worker. What are they? Case managers go out

1       there on a -- more frequently, is a possibility.  
2       Sometimes it's just a matter of a few more phone  
3       calls and sometimes it works and sometimes it  
4       doesn't.

5           Q.     Any other interventions that you  
6       could --

7           A.     Medication interventions. Encouraging  
8       them to take their medications. Possibly working  
9       to get them out of a chaotic home environment, if  
10      that's an issue. Possibly working to get them in  
11      a group home to provide more structure. It's --  
12      it -- in psychiatry, you have to make a unique  
13      solution for every problem because these problems  
14      are -- involve people, each problem is unique and  
15      it requires a unique answer. We're different from  
16      other specialties. If I was a cardiologist, I  
17      would be able to -- I've got certain medications.  
18      A heart is basically a meat pump with four valves  
19      and a primitive electrical system. The brain is  
20      so complicated. We're going to be vastly  
21      different in psychiatry a hundred years from where  
22      we are now. It is -- but because of where we're  
23      at right now, we do swim in a sea of gray. We  
24      have to deal with families that may be supportive,  
25      may not be supportive. Medications that are

1 getting more helpful all the time but sometimes  
2 aren't as helpful as I would like. We have to  
3 deal with financial issues that the person may  
4 have. We may have to deal with old traumas, that  
5 the patient has, and all of those are addressed.  
6 Actually, both inpatient and outpatient, we have  
7 to look at.

8 Q. Are there supports that could be  
9 provided to family members to assist those family  
10 members in supporting their loved ones with mental  
11 illness?

12 MR. GILMORE: Objection.

13 Q. (By Mr. Schutzer) You can answer.

14 A. A lot of times you actually need to get  
15 the families in therapy also. You can have  
16 caregiver fatigue, you can get burnt out, but also  
17 you will have just non-supportive family also you  
18 have to deal with. And, at that point, you have  
19 to say, since mama is not going to be supportive  
20 on this, what's the best fit that we can do for  
21 this situation? You know, is it something that --  
22 what is the patient willing to entertain, because  
23 this is his family or her family. And so you try  
24 to find an answer that's doable, given the  
25 psychosocial constraints of the situation.

1 A. [REDACTED]

2 Q. And what does page 5 say?

3 A. Okay. Let's see. First admission  
4 7/[REDACTED]/12 to 9/[REDACTED]/12. He was admitted after ten  
5 days at CSU. Dr. Bilal admitted. I never saw  
6 this patient. Apparently, it's felt by Dr. Bilal  
7 that he would do better with less restriction,  
8 factors that she could -- and the factors that she  
9 could treat have been treated. So there are times  
10 when people would come in to the CSU and they've  
11 been there for a while and they've gotten better.  
12 And, you know, they come in and you wonder why  
13 they meet criteria -- do they meet criteria or  
14 not. But they'll come in well enough to where  
15 they could have been sent outpatient and they will  
16 be sent to us. But it would be helpful if there  
17 was a way to review that beforehand so that they  
18 could go out to outpatient services instead of  
19 come to us, for a subset of patients.

20 Q. I just want to correct the record. I  
21 referred to this as page 5, it's actually page 4.

22 So based on what you just said for  
23 Mr. [REDACTED] 2012 admission, is it your opinion  
24 that that individual -- that he was appropriate  
25 for admission at the time he was admitted to South